

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
Official Use Only

STATE TREASURER
STATE OF CALIFORNIA
2018 MAR 1 PM 3:39
ADMINISTRATION

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)
Hariri Mark

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

State Treasurer's Office

Division, Board, Department, District, if applicable

Centralized Treasury and Securities Management

Your Position

Director

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Commission on State Mandates

Position: Commissioner

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2017, through December 31, 2017.

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2017.

☐ The period covered is January 1, 2017, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☒ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

915 Capitol Mall, Room 314

Sacramento

CA

95814

DAYTIME TELEPHONE NUMBER

(916) 657-2456

E-MAIL ADDRESS

Mark.Hariri@Treasurer.ca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/1/2018
(month, day, year)

Signature

Mark Hariri
(File the originally signed statement with your filing official.)